

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19750

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 324 Primary Registration District No. 30722 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Marshall Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Marshall Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 620 North Lyon 3 years				d. STREET ADDRESS (If outside, give location) 620 North Lyon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last James Washington Sigman				4. DATE OF DEATH Month Day Year May 14, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 26, 1875			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Morgan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Sigman				14. MOTHER'S MAIDEN NAME Emma Morrison					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None					
17. INFORMANT Dave Sigman				Address Marshall, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Vas Thrombosis DUE TO (b) Vas Thrombosis DUE TO (c) Vas Thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X								INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20f. CITY, TOWN, OR LOCATION				COUNTY		STATE			
21. I attended the deceased from fall 1956 to May 1957 and last saw him alive on May 13, 1957 Death occurred at 7:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. Kenneth M.D.				22b. ADDRESS Marshall Mo		22c. DATE SIGNED 5/15			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-16-57		23c. NAME OF CEMETERY OR CREMATORY Little Grove Cemetery		23d. LOCATION (City, town, or county) (State) Saline County, Mo.			
24. FUNERAL DIRECTOR Campbell-Lewis				ADDRESS Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 5-15-57			
				26. REGISTRAR'S SIGNATURE Cecil H. Reed					

(Licensed Embolmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Lewis Jr.

Licensed Embalmer No. 470

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.